

QUAIL RIDGE GOLF CLUB EMPLOYMENT APPLICATION

Applicant Information: First Name _____ Middle ____ Last ____ Street Address ___ City/State/Zip ___ *** Please complete information below If the position you are applying for required driving *** Driver's License OR State ID No. State _____ Expiration Date _____ No License / State ID? Check box here If hired, do you have a reliable means of transportation to get to work? Y N Describe: _____ Are you at least 18 years old? Y N If under 18 years of age, can you furnish a work permit? Y N Are you legally eligible for employment in the United States Y N (Proof of U.S. citizenship or immigration status required if hired) Have you been convicted of a felony? Y N Are you a veteran? Y N If yes, give dates of service: From _____ To _____ List any special skills or training: **Employment Information:** (please circle all that apply) Are you seeking full time, part time, or temporary employment? FULL TIME PART TIME TEMPORARY What hours and shift(s) would you prefer to work? WEEKDAYS WEEKENDS MORNINGS EVENINGS WEEKENDS? Are you willing to work: OVERTIME? **HOLIDAYS?** Are you currently employed? Y N If hired, when would you be able to start? Have you ever worked for this organization before? Y N If yes, name used: List any friends or relatives employed by this company _____

Have you ever been discharged or asked to resign from any position? If yes, please describe: ______



Education: (please circle and complete all that apply)

Highest Level Achieved: ELEMENTARY	HIGH SCHOOL DIPLOMA	GED SOME COLLEGE COLLEGE DEGREE
Name of School:	Location:	Currently Attending? Y N
Degree & Major:	OR N/A Minor:	OR N/A
Work History: IF NO PREVIOUS WORK	(HISTORY, PLEASE CHEC	K BOX
Please list previous positions you held,	or any position full or par	t time that you are currently holding:
1) Company:		
Address:		
Dates of Employment:		
Job Title:		
Job Duties: (briefly describe)		
Specific reason for leaving:		
Reference:	Position	Phone: ()
May we contact the employer listed abo employer that we may contact:	•	st a peer or professional reference from this
2) Company:		
Address:		
Dates of Employment:		
Job Title:		
Job Duties: (briefly describe)		
Specific reason for leaving:		
Reference:	Position	Phone: ()
		st a peer or professional reference from this



3) Company:			
Address:			
Dates of Employment:			
Job Title:			
Job Duties: (briefly describe)			
Specific reason for leaving:			
Reference: Position			
May we contact the employer listed above? Y N If N please list a peer or professional reference from this employer that we may contact:			
Accommodations & At-Will Employment Agreement			
We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status. If applicable, please refer to the job descriptions provided for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? Y N Please describe which tasks, if any, you will need accommodation to perform, and explain below what type of accommodation you will need. Please describe:			
I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.			
I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment at-will status and such a change can only be done in writing. I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.			
Signature	_ Date		
Name (please print)	Date		
Manager Signature	_ Date		